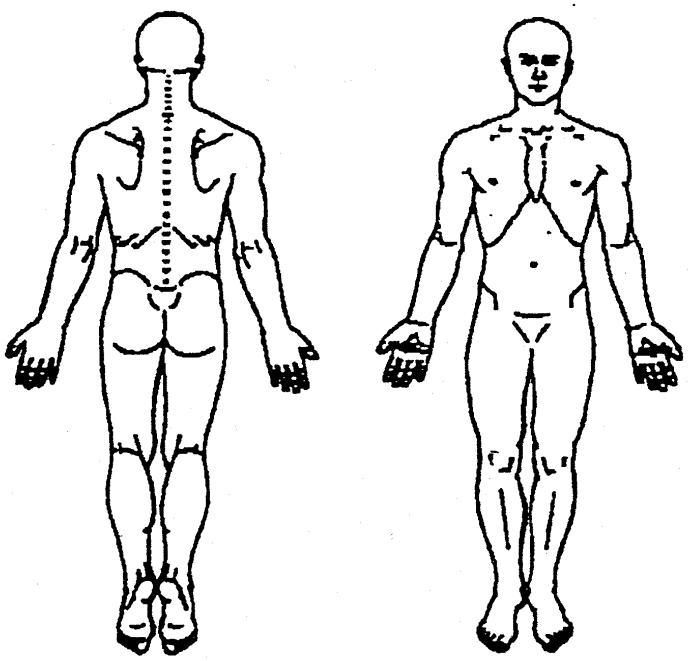
Regional Community Services Incident Report

Fname:_____ Lname:_____ Date:_____

Which part(s) of body was affected?

- ☐ Arm
- ☐ Back
- ☐ Chest/Ribs
- ☐ Ears
- ☐ Elbow
- ☐ Eyes
- ☐ Face
- ☐ Fingers
- ☐ Hand
- ☐ Head
- ☐ Mouth/Teeth
- ☐ Neck/Throat
- ☐ Nose
- ☐ Wrist



- ☐ Abdomen
- ☐ Ankles
- ☐ Feet
- ☐ Full Body
- ☐ Groin
- ☐ Hips
- ☐ Internal
- ☐ Knees
- ☐ Legs
- ☐ Multiple Injuries
- ☐ Toes
- ☐ Shoulder
- ☐ Skin
- ☐ Other

How would you describe the injury?

- ☐ Abrasion
- ☐ Ache/Pain
- ☐ Amputation
- ☐ Bite/Sting
- ☐ Bruise
- ☐ Burn
- ☐ Crush
- ☐ Cut/Laceration
- ☐ Death
- ☐ Discoloration
- ☐ Electrocution
- ☐ Fainting
- ☐ Foreign Body
- ☐ Fracture
- ☐ Heat/Cold
- ☐ Infection
- ☐ Inhalation
- ☐ Other (Describe)
- ☐ Puncture
- ☐ Rash
- ☐ Scratch
- ☐ Sprain/Twist/Strain
- ☐ Stress/Anxiety
- ☐ Swelling

What caused the injury?

- ☐ Assault-Physical
- ☐ Assault-Sexual
- ☐ Abuse/Neglect/Mistreatment
- ☐ Fire
- ☐ Seizure
- ☐ Fall
- ☐ Restraint-Manual
- ☐ Restraint-Mechanical
- ☐ Behavior Problem
- ☐ Natural Disaster
- ☐ Unknown
- ☐ Other/Accident (describe)

Injury Type (check one): _____ Moderate _____ Major

Describe the injury, the causes, severity and contributing conditions

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